



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
CURTIS STATE OFFICE BUILDING
1000 SW JACKSON, SUITE 320
TOPEKA, KANSAS 66620



**SAFETY ASSESSMENT FORM
COMPOSTING FACILITY**

General

Facility Name _____ Permit # _____

Street _____

City _____ Kansas ZIP _____

Mailing Address (if different than above) _____

County _____ Phone _____

Contact(s) _____

Location: Latitude _____

Longitude _____

Type of Ownership: County _____ City _____ Private _____

Number of Employees: Full Time _____ Part Time _____ Volunteers _____

Hours of Operation: _____

Types of Materials Accepted:

Questions For Compost Facility Managers:

	Yes	No	N/A	NO
1. Do you have an active safety and health program?	[]	[]	[]	[]
a. If yes, is one person clearly responsible for the overall activities of the safety and health program?	[]	[]	[]	[]
b. What is the frequency of safety meetings? _____				
2. Do you have a written safety and health plan? Explain it's major parts: _____ _____ _____ _____	[]	[]	[]	[]
3. Do you have a working procedure for handling employee complaints regarding safety and health? Explain: _____ _____ _____ _____	[]	[]	[]	[]
4. Have you modified your operations plan since opening the facility? If yes, explain _____ _____ _____ _____	[]	[]	[]	[]

MEDICAL SERVICES AND FIRST AID

5. Is there a written emergency contingency plan for what to do in case of a medical emergency (other than calling 911)?	[]	[]	[]	[]
a. If yes, please explain what is covered in the plan _____ _____ _____ _____ _____				

	Yes	No	N/A	NO
6. Do you require each employee to have a pre-employment physical examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a hospital or clinic in the proximity of your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how far away is the hospital? _____miles				
b. If medical and first aid facilities are not in the proximity of your workplace, is at least one employee on each shift qualified to render first aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a phone at the facility to use in case of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are emergency phone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are first aid kits easily accessible to each worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are the necessary supplies periodically inspected and replenished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are means provided on site for flushing the eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION

12. Is there a written contingency plan for dealing with equipment fires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there a written contingency plan for dealing with compost fires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are portable fire extinguishers provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how many are there and where are they located? _____# _____ _____				
15. Are fire extinguishers recharged regularly and noted on the tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are employees instructed in the use of extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND CLOTHING

17. Is personal protective equipment provided for the employees ? (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflective Vest____	Safety Glasses____	Face Shields____		
Aprons____	Steel Toe Boots____	Hard Hats ____		
Ear Plugs____	Respirators ____	Gloves ____		
Other_____				

	Yes	No	N/A	NO
18. Are employees required to wear PPE ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, what is required and when?				
19. Are employees required to change from street clothing into protective clothing and vice versa at the end of the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, is a clean change room with a separate storage facility for street and protective clothing provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEAVY EQUIPMENT

20. Is there a training program to instruct employees on safe methods of equipment operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Are employees tested or otherwise certified in some way that they have been properly trained to operate the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are only employees certified for a particular machine allowed to operate it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What is the frequency for recertification? _____				
22. Do you have operating/owners manuals for each piece of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are employees required to read the equipment operating/owners manuals before operating the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there a regular program of safety inspection of machinery and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, How often are inspection and are they documented? _____				

LOCKOUT/TAGOUT (MAINTENANCE) PROCEDURES

	Yes	No	N/A	NO
25. Is there a regular maintenance schedule for each machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do employees perform maintenance and repairs on heavy equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does the facility have a Lockout/Tagout procedure for equipment maintenance? (If Yes, continue with the next question. If No, skip to question 37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Is all heavy machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked-out during cleaning, servicing, adjusting or setting up of operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does the lock-out procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked-out for repairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are appropriate employees provided with individually keyed personal safety locks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are employees required to keep personal control of their key(s) while they have safety locks in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Is it required that only the employee exposed to the hazard place or remove the safety lock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Is it required that employees check the safety of the lock-out by attempting a start up after making sure no one is exposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Are a sufficient number of tags and padlocks provided for any reasonably foreseeable repair emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. In the event that equipment can not be locked-out and tagged, is a safe job procedure established and rigidly followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTORIZED EQUIPMENT

List equipment _____

36. Are only employees who have been trained in the proper use of industrial trucks allowed to operate them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ENVIRONMENTAL CONTROLS

37. Is there potable water on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No	N/A	NO
38. Is there water on site that is not potable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, are those non potable water sources identified somehow as not for human consumption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Are employees prohibited from smoking or eating in any area where contaminants, which could be injurious if ingested, are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is there a clean sanitary area where employees can wash their hands and eat lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOISE

41. Has there been a determination that noise levels at the facility are within acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Are steps being taken to use engineering controls to reduce excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Is approved hearing protective equipment (noise attenuating devices) available to every employee working in noisy areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. If hearing protectors are used, are employees properly fitted and instructed in their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUELING

45. Are engines turned off while refueling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. When spillage occurs during fueling operations, is the spilled fuel washed away completely, evaporated, or other measures taken to control vapors before restarting the engine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are fuel tank caps replaced and secured before starting the engine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is smoking prohibited in the vicinity of fueling operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAFFIC PATTERNS

49. Have traffic patterns for heavy equipment been planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Does the public have access to the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, Are the areas open to the public separate from the area where the heavy equipment is working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	NO
51. Does the public load their own compost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Is heavy equipment used to load compost into vehicles owned by customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observation of Compost Activities:

GENERAL WORK ENVIRONMENT	Yes	No	N/A	NO
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53. Observe the general activities going on and note anything that looks like it may be a possible safety or health problem. Things such as: fast moving equipment around corners, flying wood chips, muddy roads, pot holes and tire ruts, wood debris in roadways, compost that is piled too high and too steep such that it appears it or a portion of it could collapse on to someone, an employee who handles raw materials or active compost and then wipes his face or lights up a cigarette before washing his hands etc...These are just possible examples, remember our purpose is to gather information to identify potential problems not necessarily existing problems.

HEAVY EQUIPMENT

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|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 54. Are warning signs posted around grinders and screens where flying projectiles are potential hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Are equipment warning labels intact and legible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Is sufficient clearance provided for movement around and between stationary equipment, and material storage piles to allow for safe operations, set-up and servicing, and material handling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No	N/A	NO
57. Are switches and valves used by a machine operators clearly identified and readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Are all emergency stop buttons colored red?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Are all pulleys and belts that are within 7 feet of the ground or working level guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Are methods provided to protect the operator and other employees in the machine area from hazards created at the point of operation, ingoing nip points, rotating parts, flying chips, and sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Are fan blades protected with a guard having openings no larger than one-half inch when operating within 7 feet of the ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAND AND POWER TOOLS

62. Are appropriate safety glasses, face shields, gloves, etc. used while using hand tools or equipment which might produce flying materials or be subject to breakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Are tools stored in a dry, secure location where they will not be tampered with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Are grinders, saws and similar equipment provided with appropriate safety guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Are rotating or moving parts of equipment guarded to prevent physical contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTORIZED EQUIPMENT

66. Does each industrial truck have a warning horn, whistle, gong, or other device which can be clearly heard above the normal noise in the areas where operated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Are trucks shut off and the brake set prior to loading or unloading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL CONTROLS

68. Are all outlets for water not suitable for drinking clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FLAMMABLE AND COMBUSTIBLE MATERIALS

69. Are approved containers and tanks used for the storage and handling of flammable and combustible liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No	N/A	NO
70. Are all flammable liquids kept in closed containers when not in use (e.g. parts cleaning tanks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Are extinguishers free from obstructions or blockage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Are all extinguishers serviced, maintained and tagged at intervals not to exceed one year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Are all extinguishers fully charged and in their designated places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Are NO SMOKING signs posted where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAFFIC PATTERNS				
75. Are signs, ropes, cones or other means used to indicate the planned traffic pattern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. When the public come to the site to either drop off raw materials or pick up compost are there signs, ropes, cones or other means used inform them on where to go and what to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Is there safe clearance for employees walking in areas where heavy equipment is operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUELING				
78. Is each fuel container labeled with product identity and a hazard warning ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DUST				
79. Is blowing dust visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, Does it significantly reduce visibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Is the equipment operator wearing a dust mask?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Is the equipment operator wearing eye protection other than prescription glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Does the dust appear to bother the equipment operator e.g. coughing, looking away from the prevailing winds, covering the face with hands or piece of clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Are equipment operators protected from blowing dust inside a cab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	NO
NOISE				
84. Are there areas in the workplace where continuous noise levels exceed 85dba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Have employees been offered hearing protection from management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Is the equipment operator wearing ear plugs or other noise reducing device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Have work areas where noise levels make voice communication between employees difficult been identified and posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Have engineering controls been used to reduce excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL HANDLING				
89. Are raw materials or finished compost handled with bare hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Do compost or other materials transported with a front-end loader create a hazard by material over flowing out of the bucket?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Are employees or other people on foot in the area where materials are being moved around or loaded into transport vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Are trucks and trailers secured from movement during loading and unloading operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEATHER CONDITIONS

Time of assessment_____ am/pm

Sunny____, Mostly Sunny____, Partly Sunny/Cloudy____, Mostly Cloudy____, Cloudy____

Wind Speed (approx)_____mph

Wind direction from the: North____, South____, East____, West____,

North East____, North West____, South East____, South West____

Temperature (approximate)_____EF

Facility Layout

Sketch a representative drawing of the layout of the compost site with estimated distances in feet. Show the following:

Entrances and exits, position of machinery, eye wash station, raw material storage areas, finished compost storage, windrows, marked traffic patterns, fire extinguishers.



Scale: 1 Box = _____ feet

